PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004

Application or Docket Number

			SMALL ENTITY				RTHAR					
TOTAL CLAIMS			100:0	<u>(mn 1)</u>	100:	umn 2)	7.	RATE	FEE	- ОН П	SWALL	
FOR.				50.50.50		oca cyma	1	BASIC FE		-	RATE	FEE
-				NUMBER FILED		BER EXTRA	l	- ·	393.00	OR	BASIC FEI	790.00
L	OTAL CHARG	EABLE, CLAIM	s	minus 20=				X\$25		OR	X50 l=	
	DEPENDENT			ninus 3 =		•		X kg)=		OR	X100=	
-	ULTIPLE DEFI							+150=		OR	+300=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								:		-	OTHER	THAN
,	<u> </u>	(Column :	1)	(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENTA	1/18/02	REMAINING AFTER AVENDMEN		HIGHI NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
	Total	- 16	Minus	1	e _	= /		X 25 =		A R	X\$50=	
	Independent	- 6	Minus	***	<u> </u>	=		X100:		OR	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=	1	OR	4365=	
							l	TOTAL NOOT, FEE	· ·		TOTAL	
(Column 1) (Column 2) (Column 3)									!	10	ADDIT, FEE	
_	·	CLAIMS	1	HIGHE	S 7	(Column 3)	Г	· · · · ·	ADDI-	[-IGGA
AMENDMENT B		REMAINING AFTER AMENDMENT	. [HUME PAID F	JSLY	PRESENT EXTRA		RATE,	TIONAL FEE		RATE	TIONAL
	Total		Minus	£-4		z:		"χ25=		OF	X50=	i
ME	Independent	*	Minus	g-1		=		X 100=		OR	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						*					
				•		*	L	+150=		OR	+300=	
							A	TOTAL DOT: FEE		OR ,	TOTAL DDIT. FEE	
,		(Column 1)		(Columi		(Column 3)			٠.			
AMENDMENT C		CLAIMS REMAINING AFTER · AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	R ISLY	PREȘENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	**		=		X25'=	-	OR	X\$50 =	
	Independent	•	Minus	***	·		1	X100 =			X200:	
<u> </u>	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR		
* If the entry in column 1 is less than the entry in column 2, write "or in column 3.												
H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "" "								·]	OR A	TOTAL DOIT, FEE	
7	ne "Highest Num he "Highest Num	ber Previously P	aid For (Total	115 SPACE Is I or Independent	ess than I is the i	ighest ir rater		OIT. FEE L. In the appo	opriate box			·